TRAVEL EXPENSE CLAIM

See Instructions and *Privacy Statement on separate docushare document

CLAIMA	NT'S NAM						ISSAN OR	EMPLOYEE NUM	ABER*			Page	of	Pages	
Patrick W. Henning								SSAN OR EMPLOYEE NUMBER* DEPARTMENT							
POSITION BARGAINING UNIT							DIVISION OR BUREAU EMPLOYEE MIC or 4-DIGIT MAIL SERVICES CODE								
Director				Exempt			Director's Office					EMPLOYEE N	MIC or 4-DIGIT MA	IL SERVICES CODE	
RESIDENCE ADDRESS*					ZXOMPT			HEADQUARTERS ADDRESS					75. 50		
(TES & T T T T T T T T T T T T T T T T T T							800 Capitol Mall						TELEPHONE NUMBER		
CITY STATE ZIP CODE												925			
						Sacramento				STATE			ZIP CODE		
(1) MONTH/YEAR (3) (4)			(5) MEALS			(6)	(7)	TRANSPORTATION				100	95814		
Apr	2009	LOCATION						(A)	(B)	(C)	(D)		(8)	(9)	
(2) Date	Time	WHERE EXPENSES WERE INCURRED	LODGING	BREAKFAST	LUNCH	O.T.,L/T, RELO. or DINNER	INCIDEN- TALS	COST OF TRANS	TYPE	CARFARE, TOLLS, PARKING	PRIVA Miles	ATE CAR USE	BUSINESS EXPENSE	TOTAL EXPENSES	
4/3	1800	C									+		EAFENSE	FOR DAY	
4/3		Sacramento - Fresno		-											
		Holiday Inn	84.00											84.000	
	1600	hotel taxes	11.40	4										11.400	
4/4	1600	Fresno -Sacramento		6.00	10.00									16.000	
		7									()				
													-		
				,											
														-	
						9							-	-	
-													-		
(10)	SUDT	TAL C	05.40	0.00									-		
(10) SUBTOTALS 95.40 COLUMN CODE (ACCTG. USE ONLY)			6.00	10.00			:						\$111.40		
COLUN	MN COL	DE (ACCTG. USE ONLY)													
	CLAIM	TOTAL												\$111.40	
(11) PURPOSE OF TRIP: (11A)						Sumr	nmary				(12) NOF				
REMARKS AND DETAILS (Attach receipts/vouchers when required)				Description/ Cost Center	Exp. Code	Debit Amount	Project Code	Project For Fiscal				0800-1700			
Droce	confor	ence on new Saturday h	02040	500	2					(13) PRI		LE LICENSE			
1 1033	comer	ence on new Saturday n	03810 520			000	100	00		n/a					
access	Ul se	vices.								(14) MILEAGE RATE CLAIMED \$0.550					
		A										The same of the sa	CCOUNTING OF	FICE	
												USE ONLY			
							Document Reference Prepared By			ared By	PAID BY REVOLVING FUND CHECK NUMBER				
gre	ater than ti	RTIFY That the above is a true stater privately owned vehicle was used, and the rate claimed, and that I have met that the belt usage.	nd if mileage ra	tes exceed the	minimum rat	a I cortify that t	he seet of -	manuallina dia	i						
	SSGNA			DATE	_1		(16) SIGNATI	JRE OF OFFICER A	PPROVI	NG TRAVEL AN	ND PAYMENT			DATE	
>V	etu	Le h. Nem	2	4/1.	5/0	109 > (+				rul Han-				4/15/09	
(17) SIGN.	MIUKE AN	D TITLE OF AUTHORITY FOR SPEC	CIAL EXPENSE	S (See Item 1	7 on reverse)			7						DATE	